

**Recipient Committee
Campaign Statement**
(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Statement covers period
from 02/20/2000
through 06/30/2000

Date of election if applicable: (Month, Day, Year)
11/07/2000

Date Stamp	CALIFORNIA FORM 460
RECEIVED	Page 1 of 77
00 OCT - 6 PM '00	For Office Use Only
SUSAN J. BLACKSTON	
CITY CLERK	
CITY OF LOS ANGELES	

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 7.

☒ Officeholder, Candidate
Controlled Committee
(Also Complete Part 4.)

☐ Ballot Measure Committee
☐ Primarily Formed
☐ Controlled
☐ Sponsored
(Also Complete Part 5.)

☐ Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 6.)

☐ General Purpose Committee
☐ Sponsored
☐ Broad Based

2. Type of Statement:

☐ Pre-election Statement

☐ Semi-annual Statement

☐ Termination Statement

☒ Amendment (Explain below)

☐ Quarterly Statement

☐ Special Odd-Year Report

☐ Supplemental Pre-election
Statement - Attach Form 495

Additional information received after filing.

3. Committee Information

I.D. NUMBER

991831

COMMITTEE NAME

Nakanishi for Senate

STREET ADDRESS (NO P.O. BOX)

2495 W. March Lane, Ste. 204

CITY STATE ZIP CODE AREA CODE/PHONE

Stockton, CA 95267

(209) 477-7221

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

P.O. Box 7095

CITY STATE ZIP CODE AREA CODE/PHONE

Stockton, CA 95267

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Vona Copp

MAILING ADDRESS

8958 Ivanpah Court

CITY STATE ZIP CODE AREA CODE/PHONE

Elk Grove, CA 95624

916/686-1815

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Recipient Committee
Campaign Statement
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Type or print in ink.

COVER PAGE - PART 2

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4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Dr. Alan Nakanishi

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
; District 5

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1617 St. Marks Plaza, Suite D Stockton, CA 95202

Related Committees Not Included in this Statement: *List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

5. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT
Dr. Alan Nakanishi

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

6. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

7. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/2/00
DATE

Executed on 9/29/2000
DATE

Executed on _____
DATE

Executed on _____
DATE

By [Signature]
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature]
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Campaign Disclosure Statement
Summary Page

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Senate

Statement covers period

from 02/20/2000

through 06/30/2000

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I.D. NUMBER

991831

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C (ADD COLUMNS A + B) TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 310718.00	\$ 15225.00	\$ 325943.00
2. Loans Received	Schedule B, Line 7	51000.00	25000.00	76000.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 361718.00	\$ 40225.00	\$ 401943.00
4. Non-monetary Contributions	Schedule C, Line 3	173.29	0.00	173.29
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 361891.29	\$ 40225.00	\$ 402116.29

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 281628.69	\$ 65064.12	\$ 346692.81
7. Loans Made	Schedule H, Line 7	\$ 0.00	\$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	281628.69	65064.12	346692.81
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ -18920.33	\$ 39713.13	\$ 20792.80
10. Nonmonetary Adjustment	Schedule C, Line 3	173.29	0.00	173.29
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 262881.65	\$ 104777.25	\$ 367658.90

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 82814.13
13. Cash Receipts	Column A, Line 3 above	361718.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	281628.69
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 162903.44

If this is a termination statement, Line 16 must be zero.

* From previous Statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

Summary for Candidates in Both June
and November Elections

1/1 through 6/30

7/1 to Date

17. LOAN GUARANTEES RECEIVED	Schedule B, Part I, Column (b)	\$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column C above	\$ 96792.80

20. Contributions Received \$

21. Expenditures Made \$

Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>02/20/2000</u> through <u>06/30/2000</u>	CALIFORNIA FORM 460
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Nakanishi for Senate

I.D. NUMBER

991831

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
02/21/2000	Mr. William Kashiwagi P.O. Box 60219 Sacramento, CA 95860	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$100.00	\$100.00	
02/21/2000	Arthur Nakashima 5045 E. Morada Lane Stockton, CA 95212	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	Retired	\$125.00	\$425.00	
02/23/2000	Mr. Nat Brown 4207 Yacht Harbor Drive Stockton, CA 95204	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	Attorney Brown, Hall, and McKinley	\$500.00	\$500.00	
02/23/2000	Mr. Jerry Fisher 24081 S. Austin Rd. Ripon, CA 95366	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$100.00	\$100.00	
02/23/2000	KENNETH ROOS 23313 S. HIGHLAND AVENUE RIPON, CA 95366	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$100.00	\$100.00	
SUBTOTAL \$				925.00		

Schedule A Summary

1. Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 307319.00
2. Amount received this period - unitemized contributions of less than \$100 \$ 3399.00
3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 310718.00

***Contributor Codes**
IND -- Individual
COM -- Recipient Committee
OTH -- Other

FPPC Form 460 (8/99)

For Technical Assistance: 916/322-5660

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
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NAME OF FILER

Nakanishi for Senate

I.D. NUMBER
991831

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
02/23/2000	Philip Ruhl 5609 Pintail Stockton, CA 95207	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	Physician	\$100.00	\$100.00	
02/23/2000	ALLAN TOBIAS 909 WIGET LN WALNUT CREEK, CA 94598	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	PHYSICIAN	\$50.00	\$150.00	
02/23/2000	Bruce R. Willmette 2027 Grand Canal Blvd., Suite 33 Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Real Estate Appraiser Bambas & Willmette	\$100.00	\$100.00	
02/23/2000	Carl Yamada 15372 S. Tracy Blvd. Stockton, CA 95206	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Farmer Self employed	\$100.00	\$150.00	
02/23/2000	Ms. Eileen Yamamura 8526 Solano Avenue Stockton, CA 95209	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Pharmacist	\$100.00	\$100.00	
02/24/2000	MR FRED BAKER 317 W. LODI AVE. LODI, CA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	ATTORNEY SELF EMPLOYED	\$500.00	\$500.00	
SUBTOTAL \$				950.00		

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other

FPPC Form 460 (8/99)
For Technical Assistance: 916/322-5660

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>02/20/2000</u> through <u>06/30/2000</u>	CALIFORNIA FORM 460
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Nakanishi : r Senate

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
02/24/2000	George Kishida, Inc. 1725 Ackerman Drive Lodi, CA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$100.00	\$100.00	
02/24/2000	Dr. Wilson Heefner 7205 Parkwoods Drive Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	RETIRED	\$100.00	\$100.00	
02/24/2000	DR. STAN UYEYAMA 1060 N. VENTURA RD OXNARD, CA 93030	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	DENTIST SELF-EMPLOYED	\$200.00	\$200.00	
02/24/2000	W.H. Williams 8000 N. Clements Rd. Linden, CA 95236	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$50.00	\$150.00	
02/25/2000	Jane Belcher 3733 N. Merrimac Circle Stockton, CA 95219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Homemaker	\$100.00	\$100.00	
02/25/2000	R. Scott Foster 36 W. Yokuts Ave., Ste. 1 Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Physician Self-Employed	\$100.00	\$100.00	
SUBTOTAL \$				650.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

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02/25/2000	MARILYN HAMBLEY 20044 GREENVIEW DRIVE WOODBIDGE, CA 95258	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	RETIRED	\$200.00	\$200.00	
02/25/2000	Arthur Nakashima 5045 E. Morada Lane Stockton, CA 95212	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	Retired	\$125.00	\$425.00	
02/25/2000	MR. NORMAN REITZ 22693 HESPERIAN BLVD., SUITE 276 HAYWARD, CA 94541	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	ATTORNEY SELF-EMPLOYED	\$150.00	\$150.00	
02/25/2000	DR. HARBHAJAN SHERGHILL 5345 N. EL DORADO STE #3 STOCKTON, CA 95207	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	PHYSICIAN SELF-EMPLOYED	\$100.00	\$100.00	
02/25/2000	MR Frank Watase 2949 W. 226Th Street Torrence, CA 90505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$99.00	\$199.00	
02/27/2000	ROBERT HALL 6640 HAWTHORN RD SACRAMENTO, CA 95864	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	CIVIL ENGINEER SELF	\$500.00	\$500.00	

SUBTOTAL \$ 1174.00

*Contributor Codes
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FPPC Form 460 (8/99)
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Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>02/20/2000</u> through <u>06/30/2000</u>	CALIFORNIA FORM 460 Page <u>8</u> of <u>77</u>
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
02/27/2000	ROLLAND LOWE 723 IRONBARK ORINDA, CA 94563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	PHYSICIAN	\$100.00	\$100.00	
02/27/2000	CAROLYN SAKAI 3560 WILMINGTON WAY STOCKTON, CA 95219	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	RETIRED	\$100.00	\$100.00	
02/28/2000	A. Sambado & Son, Inc. 8077 N. Tully Road Linden, CA 95236	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$100.00	\$600.00	
02/28/2000	ELDON COTTON 221 21ST PLACE SANTA MONICA, CA 90402	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	CONSULTANT SELF-EMPLOYED	\$100.00	\$100.00	
02/28/2000	Charter Way Laundromat 314 East Charter Way Stockton, CA 95206	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		\$1,000.00	\$1,000.00	
02/28/2000	Dr. Gilbert W. Cleasby 1400 Geary Blvd. San Francisco, CA 94109	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	Physician Self-Employed	\$2,000.00	\$2,000.00	

SUBTOTAL \$ 3400.00

*Contributor Codes
 IND – Individual
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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

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02/28/2000	JERRY FRY 12495 N. WEST LANE LODI, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	FARMER SELF	\$250.00	\$250.00	
02/28/2000	MILON JOHNSTON 260 36TH WAY SACRAMENTO, CA 95819	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	RETIRED	\$100.00	\$100.00	
02/28/2000	DR. CHEN FEEL LIEM 5371 TUDOR ROSE GLEN STOCKTON, CA 95212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	PHYSICIAN	\$100.00	\$100.00	
02/28/2000	Matt Fong U.S. Senate Committee International Tower 888 S. Figueroa Street Los Angeles, CA 90017	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$1,000.00	\$1,000.00	
02/28/2000	SNIDER EXECUTIVE OFFICE 5051 MADISON AVE SACRAMENTO, CA 95841	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$250.00	\$250.00	
02/28/2000	John P. Talbot 800 Maplewood Dr. Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Financial Consultant Self-Employed	\$50.00	\$1,650.00	

SUBTOTAL \$ 1750.00

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

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02/28/2000	YOSHIO YAMADA 15406 TRACY BOULEVARD TRACY, CA 95376	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	FARMER SELF-EMPLOYED	\$500.00	\$600.00	
02/29/2000	ROLAND HATTERLE J2240 W. TURNER RD LODI, CA 95242	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	BRANCH MANAGER FARMER BROTHERS	\$150.00	\$150.00	
02/29/2000	James G. Heather 10095 Creek Trail Circle Stockton, CA 95209	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	CPA	\$100.00	\$350.00	
02/29/2000	DR CRASHI MITOMA 1207 41ST STREET SACRAMENTO, CA 95822	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	RETIRED	\$100.00	\$100.00	
02/29/2000	HARRY SMITH P.O. BOX 580 PINE GROVE, CA 95665	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	RETIRED	\$100.00	\$100.00	
02/29/2000	CHARLES SUNN 2652 PALO VISTA WAY RANCHO CORDOVA, CA 95670	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	RETIRED	\$100.00	\$100.00	

SUBTOTAL \$ 1050.00

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FPPC Form 460 (8/99)
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Schedule A (Continuation Sheet)
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SCHEDULE A (CONT.)

Statement covers period from <u>02/20/2000</u> through <u>06/30/2000</u>	CALIFORNIA FORM 460 Page <u>11</u> of <u>77</u>
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03/01/2000	Louis Barber 222 E. Acacia Stockton, CA 95202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Physician	\$200.00	\$200.00	
03/01/2000	JAMES DOBBINS 650 BAYVIEW DR. RIO DEL MAR, CA 95003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	PHYSICIAN	\$250.00	\$250.00	
03/01/2000	JOSEPH FURUKAWA 3424 CARSON STREET, SUITE 570 TORRANCE, CA 90503	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	ATTORNEY SELF-EMPLOYED	\$100.00	\$100.00	
03/01/2000	MICHAEL KHOURY 1537 GRIFFIN POINT STOCKTON, CA 95207	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	PHYSICIAN	\$200.00	\$200.00	
03/01/2000	Jane Klein 11 Atherton Island Stockton, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Homemaker	\$250.00	\$250.00	
03/01/2000	NADA VICIJAN 3423 POCK LANE STOCKTON, CA 95205	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	PHARMACIST	\$100.00	\$100.00	
SUBTOTAL \$				1100.00		

*Contributor Codes
 IND -- Individual
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 OTH -- Other

FPPC Form 460 (8/99)
 For Technical Assistance: 916/322-5660

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>02/20/2000</u> through <u>06/30/2000</u>	CALIFORNIA FORM 460 Page <u>12</u> of <u>77</u>
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991831

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
03/02/2000	Dr. Chris Keszler 816 W. Lodi Avenue Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Dentist Self-Employed	\$1,000.00	\$1,000.00	
03/02/2000	R. MUSSI 10,000 SOUTH CAL-PACK ROAD STOCKTON, CA 95206	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	FARMER SELF-EMPLOYED	\$50.00	\$150.00	
03/02/2000	Mr. Jim Murdaca 1135 Rivergate Drive Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Owner of Pietro's Restaurant Self-employed	\$2,000.00	\$2,000.00	
03/02/2000	PHYLLIS SCHUMACHER 1165 GREEN OAKS WAY LODI, CA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	HOMEMAKER	\$100.00	\$100.00	
03/02/2000	Senate Republican Leadership Fund (#980879) 1008 Tenth Street, #389 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH		\$65,000.00	\$130,050.00	
03/05/2000	STEVEN GOLDBERG 989 OXFORD WAY STOCKTON, CA 1353	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$100.00	\$100.00	

SUBTOTAL \$ 68250.00

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FPPC Form 460 (8/99)
 For Technical Assistance: 916/322-5660

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

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03/05/2000	Senate Republican Leadership Fund (#980879) 1008 Tenth Street, #389 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH		\$65,000.00	\$130,050.00	
03/06/2000	CWR Industries P.O. Box 2696 Lodi, CA 95241	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$400.00	\$400.00	
03/06/2000	LODI LUXURY AUTO SALES 730 S. CHEROKEE LANE LODI, CA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$500.00	\$500.00	
03/06/2000	MR WILBUR SMITH 7520 PACIFIC AVENUE STOCKTON, CA 95207	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$100.00	\$100.00	
03/06/2000	Western World Properties P.O. Box 4437 Stockton, CA 95204	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$100.00	\$600.00	
03/09/2000	Albert Brocchini Farms 27011 South Austin Road Ripon, CA 95366	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$500.00	\$500.00	

SUBTOTAL \$ 66600.00

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FPPC Form 460 (8/99)

For Technical Assistance: 916/322-5660

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
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 to whole dollars.

SCHEDULE A (CONT.)

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03/09/2000	BILL UYEYAMA 442 C STREET LEMOORE,, CA 93245	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	DENTIST SELF EMPLOYED	\$200.00	\$200.00	
03/10/2000	ZEITER EYE OPHTHALMOLOGY 255 E. WEBER AVENUE STOCKTON, CA 95202	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$1,500.00	\$1,500.00	
03/16/2000	JAMES MYNARD 2701 HUNTINGTON ROAD SACRAMENTO, CA 95864	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	PHYSICIAN	\$200.00	\$200.00	
03/18/2000	MR. R.S. KAGEHIRO 1900 W. LOWELL AVENUE TRACY, CA 96376	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	PHYSICIAN SELF-EMPLOYED	\$300.00	\$300.00	
03/21/2000	JENNIFER COOPER 2310 MONUMENT DRIVE LODI, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	HOMEMAKER	\$1,500.00	\$1,500.00	
03/23/2000	GENERAL MILLS MINNEAPOLIS, MN	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$500.00	\$500.00	

SUBTOTAL \$ 4200.00

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FPPC Form 460 (8/99)

For Technical Assistance: 916/322-5660

Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
04/03/2000	Joyce Amundson 8200 Short Road Sacramento, CA 95828	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Homemaker	\$100.00	\$100.00	
04/04/2000	SELDON BRUSA 2461 CENTRAL PARK DR. LODI, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	PHYSICIAN	\$250.00	\$250.00	
04/16/2000	1371 BUILDING 1701 EDGEWOOD DRIVE LODI, CA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$500.00	\$500.00	
04/19/2000	MILON JOHNSTON 260 36TH WAY SACRAMENTO, CA 95819	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	SELF-EMPLOYED	\$250.00	\$250.00	
04/22/2000	DR. HAROLD BERKMAN 1034 W. MARIPOSA AVE. STOCKTON, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	PHYSICIAN	\$100.00	\$100.00	
04/27/2000	John P. Talbot 800 Maplewood Dr. Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Financial Consultant Self-Employed	\$1,500.00	\$1,650.00	

SUBTOTAL \$ 2700.00

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FPPC Form 460 (8/99)
 For Technical Assistance: 916/322-5660

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

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05/02/2000	Tokay Realty P.O.Box 1259 Woodbridge, CA 95258	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$250.00	\$250.00	
05/03/2000	Western World Properties P.O. Box 4437 Stockton, CA 95204	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$500.00	\$600.00	
05/05/2000	LIMA RANCH 13436 N. THORNTON ROAD LODI, CA 95242	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$1,000.00	\$1,000.00	
05/05/2000	R. THOMAS DEVELOPMENT, INC P.O. BOX 1598 LODI, CA 95241	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$250.00	\$250.00	
05/11/2000	KEN OZAWA 1423 LOS PADRES WAY SACRAMENTO, CA 95831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	PHYSICIAN KAISER PERMANENTE	\$100.00	\$100.00	
05/12/2000	Gerald N. Bock, M.D., Inc. 1502 St. Marks Plaza, Suites 8&9 Stockton, CA 95207	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$150.00	\$150.00	

SUBTOTAL \$ 2250.00

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For Technical Assistance: 916/322-5660

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
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 to whole dollars.

SCHEDULE A (CONT.)

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
05/18/2000	ALAN DE GRAAF 8901 E. FRENCH CAMP RDM MANTECA, CA 95336	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		\$200.00	\$200.00	
05/18/2000	J MENESES AND SONS DAIRY 15197 S. JACKTONE ROAD MANTECA, CA 95336	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$100.00	\$100.00	
05/19/2000	MR. Roger Blain 2993 Old Ranch Circle Stockton, CA 95209	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$100.00	\$100.00	
05/19/2000	R TOGNINALI 14500 EAST HIGHWAY 4 STOCKTON, CA 95215	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	FARMER	\$100.00	\$100.00	
05/19/2000	Teresi Trucking, Inc. P.O. Box 1270 Lodi, CA 95241	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$200.00	\$700.00	
05/19/2000	VANDEPOL DAIRY 18251 S. STEINEGUL ROAD ESCALON, CA 95320	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$100.00	\$100.00	

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FPPC Form 460 (8/99)
 For Technical Assistance: 916/322-5660

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
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 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>02/20/2000</u> through <u>06/30/2000</u>	CALIFORNIA FORM 460 Page <u>18</u> of <u>77</u>
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
05/20/2000	BURGESS SUPPLY, INC 11949 E. FRENCH CAMP RD MANTECA, CA 95336	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$100.00	\$100.00	
05/22/2000	Erlene Price 21657 E. Doods Road Escalon, CA 95320	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		\$200.00	\$200.00	
05/22/2000	WESTESTEYN DAIRY 1763 S. HEWITT RD. LINDEN, CA 9523-6	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$200.00	\$200.00	
05/23/2000	A. Sambado & Son, Inc. 8077 N. Tully Road Linden, CA 95236	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$500.00	\$600.00	
05/23/2000	CEN-CAL SERVICES, INC. 5151 E. ALMONDWOOD DR MANTECA, CA 95337	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$100.00	\$100.00	
05/23/2000	SANDRA CHIAPPE 5419 SO. STANLEY ROAD STOCKTON, CA 95215	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	HOMEMAKER	\$100.00	\$100.00	

SUBTOTAL \$ 1200.00

FPPC Form 460 (8/99)

For Technical Assistance: 916/322-5660

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA
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05/23/2000	LOMBARDI BROTHERS 16998 E. GAWNE ROAD STOCKTON, CA 95215	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$100.00	\$100.00	
05/23/2000	S. AND J. ENTERPRISES P.O. BOX 3537 YUBA CITY, CA 95992	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$250.00	\$250.00	
05/23/2000	TUFF BOY LEASING 5151 E. ALMONDWOOD DRIVE MANTECA, CA 95337	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$100.00	\$100.00	
05/24/2000	R.J.J. TURF FARMS 8285 E. VERITAS AVENUE MANTECA, CA 95337	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$100.00	\$100.00	
05/25/2000	GILL ORCHARDS 11391 LARKIN RD LIVE OAK, CA 95953	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$100.00	\$100.00	
05/26/2000	GEORGE FIELDS 21602 S. CARROLTON AVE RIPON, CA 95366	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	FARMER	\$100.00	\$100.00	
SUBTOTAL \$				750.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
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Statement covers period

SCHEDULE A (CONT.)

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05/30/2000	PAUL OSTERLIE 2505 SHERIDAN WAY STOCKTON, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	AGRICULTURAL CONSULTANT	\$100.00	\$100.00	
05/30/2000	TRINKLE & BOYS AGRICULTURAL FLYING, INC. 31244 S. HIGHWAY 33 TRACY, CA 95376	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$100.00	\$100.00	
05/31/2000	MACHADO, INC 247 NORTH JACK TONE ROAD STOCKTON, CA 95215	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$200.00	\$200.00	
06/01/2000	Diamond Six Dairy 5816 S. Jack Tone Road Stockton, CA	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$100.00	\$100.00	
06/01/2000	PHIPPEN BROS. 13909 LEROY AVE. RIPON, CA 95366	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$200.00	\$200.00	
06/02/2000	ENRIQUE BACANI 4452 MALLARD CREET CIR. STOCKTON, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	RETIRED	\$100.00	\$100.00	

SUBTOTAL \$ 800.00

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FPPC Form 460 (8/99)
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Schedule A (Continuation Sheet)
Monetary Contributions Received

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 Amounts may be rounded
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SCHEDULE A (CONT.)

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06/02/2000	Doornenbal Dairy 19116 E. Lone Tree Road Escalon, CA 95320	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$100.00	\$100.00	
06/02/2000	WASTE MANAGEMENT WEST AREA OFFICE 1500 SAN RAFAEL, CA 94903	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$250.00	\$250.00	
06/04/2000	JAMES MYNARD 2701 HUNTINGTON ROAD SACRAMENTO, CA 95864	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	RETIRED	\$100.00	\$100.00	
06/05/2000	BONNIE HILLMAN 2225 BUCHANAN ROAD, SUITE G ANTIOCH, CA 94509	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	DENTIST SELF EMPLOYED	\$100.00	\$100.00	
06/05/2000	ROGER KINGSTON 4661 NORTH LANE DEL MAR, CA 92014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	ORAL SURGEON	\$100.00	\$100.00	
06/05/2000	DOUGLAS REAVIE 13590 SUMMIT CIR POWAY, CA 92064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	PHYSICIAN	\$100.00	\$100.00	

SUBTOTAL \$ 750.00

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

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06/05/2000	Byron Riegel 2830 West Mail Street visalia, CA 93291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	physician	\$250.00	\$250.00	
06/05/2000	ALLAN TOBIAS 909 WIGET LN WALNUT CREEK, CA 94598	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	PHYSICIAN	\$100.00	\$150.00	
06/05/2000	R.C. Tangeman 111 Santa Rosa Avenue SANTA ROSA, CA 95409	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	DENTIST	\$100.00	\$100.00	
06/05/2000	DR. DANIEL ULLYOT 1230 LA CUMBRE RD. HILLSBOROUGH, CA 94010	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	PHYSICIAN	\$100.00	\$100.00	
06/06/2000	DEVRON CHAR 62 DIGBY STREET SAN FRANCISCO, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	PHYSICIAN	\$100.00	\$100.00	
06/06/2000	DELL OSSO FARMS 26 W. STEWART RD LATHROP, CA 95330	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$100.00	\$100.00	

SUBTOTAL \$ 750.00

*Contributor Codes
 IND -- Individual
 COM -- Recipient Committee
 OTH -- Other

FPPC Form 460 (8/99)
 For Technical Assistance: 916/322-5660

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>02/20/2000</u> through <u>06/30/2000</u>	CALIFORNIA FORM 460
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Nakanishi for Senate

I.D. NUMBER

991831

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
06/06/2000	GEORGE PERRY & SONS P.O. BOX 2588 MANTECA, CA 95336	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$500.00	\$500.00	
06/06/2000	STEPHEN HANSEN P.O. BOX 1055 LODI, CA 95241	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	PHYSICIAN	\$175.00	\$175.00	
06/06/2000	DOROTHY METTLER 17900 NO. CHERRY ROAD LODI, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	HOMEMAKER	\$175.00	\$175.00	
06/06/2000	PHYLLIS ROCHE 16293 N. TECKLENBURG RD LODI, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	RETIRED	\$175.00	\$175.00	
06/06/2000	Thompson Ranch 7603 S. Jack Tone Road Stockton, CA 95215	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$200.00	\$200.00	
06/06/2000	G.A. WITHERS 2448 CORBIN LANE LODI, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	HOMEMAKER	\$100.00	\$100.00	

SUBTOTAL \$ 1325.00

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FPPC Form 460 (8/99)
 For Technical Assistance: 916/322-5660

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
06/06/2000	BRUCE WITMER 12482 MOFFATT LANE FRESNO, CA 93720	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	PHYSICIAN	\$100.00	\$100.00	
06/07/2000	Baffoni Properties 1175 Orangewood Drive Lodi, CA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$500.00	\$500.00	
06/07/2000	STEVE CHIAPPE 5419 S. STANLEY RD STOCKTON, CA 95212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	PHYSICIAN	\$100.00	\$100.00	
06/07/2000	WALTER HOWEN 512 DAISY LODI, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	PHYSICIAN	\$100.00	\$100.00	
06/07/2000	Mark Hoff 601 Willow Glen Drive Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Physician	\$175.00	\$175.00	
06/07/2000	Newport Eye Center 1401 Avacado, Ste. 505 Newport BEach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH				

SUBTOTAL \$ 1225.00

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FPPC Form 460 (8/99)

For Technical Assistance: 916/322-5660

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

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06/07/2000	Tiberio Reis 3754 S. Drais Avenue Stockton, CA 95215	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		\$100.00	\$100.00	
06/07/2000	Robert Cabral Farms 14303 Carrolton Road Escalon, CA 95320	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$200.00	\$200.00	
06/07/2000	SNIDER EXECUTIVE OFFICE 5051 MADISON AVENUE SACRAMENTO, CA 95841	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$5,000.00	\$5,000.00	
06/07/2000	FRANK TAYLOR 1895 CALIFORNIA BLVD SAN MARINO, CA 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	RETIRED	\$100.00	\$100.00	
06/07/2000	JACOB TERNER 205 CHAUTAUQUA BLVD PACIFIC PALISADES, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	PHYSICIAN	\$100.00	\$100.00	
06/07/2000	MR Frank Watase 2949 W. 226Th Street Torrence, CA 90505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$100.00	\$199.00	

SUBTOTAL \$ 5600.00

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FPPC Form 460 (8/99)
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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
06/08/2000	Stewart Adams 816 Evert Court Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Bud And Marie Alarms	\$175.00	\$175.00	
06/08/2000	JAMES DELAMETER 1100 BRODERICK STREET SAN FRANCISCO, CA 94115	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	PHYSICIAN	\$100.00	\$100.00	
06/08/2000	GARDEN CENTER, INC. 1281 NORTH MAIN MANTECA, CA 95336	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$100.00	\$100.00	
06/08/2000	JERRY HUGO 619 ATHERTON DR. LODI, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		\$175.00	\$175.00	
06/08/2000	Joe Da Silva Dairy 24666 Mariposa Road Escalon, CA 95320	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$100.00	\$100.00	
06/08/2000	B. KATZAKIAN P.O. BOX 1778 LODI, CA 95241	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	HOMEMAKER	\$200.00	\$200.00	

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***Contributor Codes**

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FPPC Form 460 (8/99)

For Technical Assistance: 916/322-5660

Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>02/20/2000</u> through <u>06/30/2000</u>	CALIFORNIA FORM 460
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06/08/2000	Irene Kludt 749 S. Crescent Avenue Lodi, CA 9524-2	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$100.00	\$100.00	
06/08/2000	EJ LARSON 550 S NORTON AVE LOS ANGELES, CA 90020	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	EDUCATOR U.S.C.	\$100.00	\$100.00	
06/08/2000	Arthur Nakashima 5045 E. Morada Lane Stockton, CA 95212	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	Retired	\$175.00	\$425.00	
06/08/2000	SHASTA EYE ASSOCIATES, AMG 3190 CHURN CREEK ROAD REDDING, CA 96002	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$100.00	\$100.00	
06/08/2000	STEPHENS CONSTRUCTION CO., INC. P.O.BOX 1867 LODI, CA 95241	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$1,000.00	\$1,000.00	
06/08/2000	RICHARD TANAKA 8421 TERRACE DRIVE STOCKTON, CA 95212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	FARMER	\$100.00	\$100.00	
SUBTOTAL \$				1575.00		

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FPPC Form 460 (8/99)
 For Technical Assistance: 916/322-5660

Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period	CALIFORNIA FORM 460
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06/09/2000	STEPHEN BRYDA 2300 DUANE STREET, #6 LOS ANGELES, CA 90039	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	PHYSICIAN	\$100.00	\$100.00	
06/09/2000	CALIFORNIA CEDAR PRODUCTS CO. P.O. BOX 528 STOCKTON, CA 95201	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH				
06/09/2000	HARVEY LASHIER 1726 WILLOW POINT CT LODI, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	PHYSICIAN	\$175.00	\$175.00	
06/09/2000	LES CALKINS - INDUSTRIAL PARK 19825 NORTH 99 ACAMPO, CA 95220	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$500.00	\$500.00	
06/09/2000	LODI GAS STORAGE 1822 W. KETTLEMAN LANE SUITE 3 LODI, CA 95242	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$100.00	\$100.00	
06/09/2000	CHARLES SUNN 2652 PALO VISTA WAY RANCHO CORDOVA, CA 95670	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		\$100.00	\$100.00	

SUBTOTAL \$ 1975.00

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FPPC Form 460 (8/99)
 For Technical Assistance: 916/322-5660

Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>02/20/2000</u> through <u>06/30/2000</u>	CALIFORNIA FORM 460
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
06/09/2000	Mitsuo Sakai 406 Black Oak Way Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		\$350.00	\$350.00	
06/10/2000	Bradley L. Yee DDS Family Dentistry 7915 Laguna Blvd., Ste. 130 Elk Grove, CA 95758	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$200.00	\$200.00	
06/10/2000	ROBERT HARTZELL 9291 E. HARNEY LANE LODI, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	CONSULTANT HARTZELL CONSULTING	\$175.00	\$175.00	
06/10/2000	NORMAN KING 2465 CENTRAL PARK LODI, CA 95242	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	PHYSICIAN	\$100.00	\$100.00	
06/10/2000	MOKELUMNE VETERINARY HOSPITAL 318 E. KETTLEMAN LANE LODI, CA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$175.00	\$175.00	
06/10/2000	John P. Talbot 800 Maplewood Dr. Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Financial Consultant Self-Employed	\$100.00	\$1,650.00	
SUBTOTAL \$				1100.00		

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FPPC Form 460 (8/99)
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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>02/20/2000</u> through <u>06/30/2000</u>	CALIFORNIA FORM 460
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NAME OF FILER Nakanishi for Senate						I.D. NUMBER 991831
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06/10/2000	S. WONG 9751 HILDRETH LANE STOCKTON, CA 95212	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	PHYSICIAN	\$100.00	\$100.00	
06/11/2000	Thomas Btelejeski 5526 E. Morada Lane Stockton, CA 95212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Physician	\$150.00	\$150.00	
06/11/2000	Charlyne E. Lauchland 15766 N. De Vries Road Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Self-Employed Farmer	\$100.00	\$100.00	
06/11/2000	CAROLYN SAKAUYE 1360 E. HERNDON #301 FRESNO, CA 93720	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	PHYSICIAN	\$100.00	\$100.00	
06/11/2000	Titiana Spirtos 23801 Camino Hermoso Los Altos Hills, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Physician	\$500.00	\$500.00	
06/12/2000	Pearl Armanini 6160 E. Oak Lane Stockton, CA 95212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Physician	\$100.00	\$100.00	
SUBTOTAL \$				1050.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

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06/12/2000	DELMAR BATCH 11174 N. DAVIS ROAD LODI, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	FARMER SELF EMPLOYED	\$175.00	\$175.00	
06/12/2000	KEIJI FUJINAKA 2016 EAST ARMSTRONG ROAD LODI, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	VINARDIST SELF EMPLOYED	\$100.00	\$100.00	
06/12/2000	Mayko Horita 3728 Gleneagles Drive Stockton, CA 95219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Homemaker	\$100.00	\$100.00	
06/12/2000	PHILLIPS FARMS 4580 W. HIGHWAY 12 LODI, CA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$350.00	\$350.00	
06/12/2000	Ruth Radmore 3824 Hubbard Ave. Stockton, CA 95215	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$200.00	\$200.00	
06/12/2000	WELDON SCHUMACHER 801 S. HAM LANE, SUITE O LODI, CA 95242	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	PHYSICIAN	\$175.00	\$175.00	

SUBTOTAL \$ 1100.00

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

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06/12/2000	TCI II, INC. 397 FOOTHILL ROAD GARDNERVILLE, NV 89410	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$1,000.00	\$1,000.00	
06/13/2000	DELTA CHAPTER CALIFORNIA ASSOCIATION OF HEALTH FACILITIES STOCKTON, CA	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$250.00	\$250.00	
06/13/2000	DANIEL FISHER 2475 ROBB DR. APT 513 RENO, NV 89523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	PHYSICIAN	\$500.00	\$500.00	
06/13/2000	MARGARET FRY 12495 N. WEST LANE LODI, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	FARMER	\$350.00	\$350.00	
06/13/2000	WILLIAM GORHAM 1807 W. LINCOLN STOCKTON, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	PHYSICIAN	\$100.00	\$100.00	
06/13/2000	FRANCIS RUDDLE 1402 ARUNDEL COURT LODI, CA 95242	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	PASTER RETIRED	\$100.00	\$100.00	

SUBTOTAL \$ 2300.00

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
06/13/2000	GERALDINE SCHOOK 906 KIRKWOOD DR LODI, CA 95424	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	HOMEMAKER	\$50.00	\$150.00	
06/13/2000	HARRY SHUMACHER 1165 GREEN OAKS WAY LODI, CA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	BANK MANAGER	\$170.00	\$170.00	
06/13/2000	VIENNA CONVALESCENT HOSPITAL INC. 800 S. HAM LANE LODI, CA 95242	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$500.00	\$500.00	
06/14/2000	HARLEY MURRAY INC. 1754 E. MARIPOSA ROAD STOCKTON, CA 95205	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$1,000.00	\$1,000.00	
06/14/2000	Herum, Crabtree, Brown, Dyer et al 2291 W. March Lane, Ste. B-100 Stockton, CA 95207	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$250.00	\$250.00	
06/14/2000	Anna Kuniyoshi 3840 Simonson Road Le Grand, CA 95333	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Farmer Self-Employed	\$200.00	\$200.00	

SUBTOTAL \$ 2170.00

*Contributor Codes
 IND -- Individual
 COM -- Recipient Committee
 OTH -- Other

FPPC Form 460 (8/99)
 For Technical Assistance: 916/322-5660

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

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991831

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
06/14/2000	R. MUSSI 10,000 SOUTH CAL-PACK ROAD STOCKTON, CA 95206	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	FARMER SELF-EMPLOYED	\$100.00	\$150.00	
06/14/2000	CAROL NAKASHIMA 1611 LAKESHORE DR LODI, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	PHYSICIAN	\$100.00	\$100.00	
06/14/2000	THELMA STEWART 1067 BRISTOL STOCKTON, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	HOMEMAKER	\$250.00	\$250.00	
06/14/2000	MARY TOMURA 4511 HERRON LAKES DRIVE STOCKTON, CA 95219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	RETIRED	\$25.00	\$125.00	
06/14/2000	MARY TOMURA 4511 HERRON LAKES DRIVE STOCKTON, CA 95219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	RETIRED	\$100.00	\$125.00	
06/14/2000	Teresi Trucking, Inc. P.O. Box 1270 Lodi, CA 95241	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$250.00	\$700.00	

SUBTOTAL \$ 825.00

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FPPC Form 460 (8/99)

For Technical Assistance: 916/322-5660

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>02/20/2000</u> through <u>06/30/2000</u>	CALIFORNIA FORM 460 Page <u>35</u> of <u>77</u>
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06/14/2000	FRED WHITE 2986 MOCKINGBIRD LN. HEMET, CA 92544	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	PHYSICIAN	\$100.00	\$100.00	
06/15/2000	Allan Yung M.D., Inc. 103 N. Garfield Avenue, Ste. E Alhambra, CA 91801	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$100.00	\$100.00	
06/15/2000	Arbor Vineyards, Inc. 15362 N. Alpine Road Lodi, CA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$175.00	\$175.00	
06/15/2000	ROBERT BADER 755 S. FAIRMONT AVE., #C LODI, CA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	CHIROPRACTOR SELF-EMPLOYED	\$100.00	\$100.00	
06/15/2000	CHARLES CHATFIELD 1 WINEMASTER WAY LODI, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	FARMER	\$175.00	\$175.00	
06/15/2000	COLDANI REALTORS, INC. 1806 KETTLEMAN LN, SUITE J LODI, CA 95204	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$150.00	\$150.00	

SUBTOTAL \$ 800.00

***Contributor Codes**

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FPPC Form 460 (8/99)

For Technical Assistance: 916/322-5660

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

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06/15/2000	BEVERLY FELTEN 1001 W. PINE STREET LODI, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	HOMEMAKER	\$175.00	\$175.00	
06/15/2000	MASASHI ITANO 29413 QUAILWOOD DR RANCHO PALOS VERDE, CA 90275	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	PHYSICIAN	\$100.00	\$100.00	
06/15/2000	ELIZABETH LAWSON 1924 COLETTE LODI, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	HOMEMAKER	\$175.00	\$175.00	
06/15/2000	JAMES LOPES 44960 LOPES CT. FREMONT, CA 94538	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	FARMER SELF EMPLOYED	\$100.00	\$100.00	
06/15/2000	Thalia Rott 22282 N. Clements Road Clements, CA 95227	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Homemaker	\$175.00	\$175.00	
06/15/2000	Nick Spanos, Jr. 306 Shady Acres Dr. Lodi, CA 95422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Pharmacist Lodi Drug Co.	\$175.00	\$175.00	
SUBTOTAL \$				900.00		

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FPPC Form 460 (8/99)

For Technical Assistance: 916/322-5660

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
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 to whole dollars.

SCHEDULE A (CONT.)

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06/15/2000	Stanton L. Lange Vineyard Management 20630 N. Devries Road Lodi, CA 95242	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$525.00	\$525.00	
06/15/2000	Masu Yamaguchi 375 30th Street San Francisco, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Seamstress Self-Employed	\$100.00	\$100.00	
06/16/2000	ANDRE MINUTH 8590 N. THIRD STREET FRESNO, CA 93720	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	PHYSICIAN	\$100.00	\$100.00	
06/16/2000	FLOYD WERGELAND 3425 MALPAZO COURT BONITA, CA 91902	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	PHYSICIAN	\$100.00	\$100.00	
06/17/2000	CHARLES JOHNSON 645 W. HARDING WAY, SUITE 5 STOCKTON, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	PHYSICIAN	\$100.00	\$100.00	
06/17/2000	Mr.. Yo Kuniyoshi P.O. Box 181 Atwater, CA 95301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Farmer Self Employed	\$250.00	\$350.00	

SUBTOTAL \$ 1175.00

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 For Technical Assistance: 916/322-5660

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

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06/19/2000	MASAKO AGARI 3933 FORT DONELSON DR. STOCKTON, CA 95219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	RETIRED	\$250.00	\$250.00	
06/19/2000	EDWARD GORRE 4607 7TH AVE. SACRAMENTO, CA 95820	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	RETIRED	\$250.00	\$250.00	
06/19/2000	MARIAN HIGDON 724 WHITEHALL SACRAMENTO, CA 95864	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	RETIRED	\$250.00	\$250.00	
06/19/2000	MILON JOHNSTON 260 36TH WAY SACRAMENTO, CA 95819	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	RETIRED	\$100.00	\$100.00	
06/19/2000	CHEN LIEM 5371 TUDOR ROSE GLEN STOCKTON, CA 95212	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	PHYSICIAN	\$100.00	\$100.00	
06/19/2000	SUE LINDLY 18881 S. LAMMERS RD TRACY, CA 95376	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	HOMEMAKER	\$100.00	\$100.00	
SUBTOTAL \$				1050.00		

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FPPC Form 460 (8/99)
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Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
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SCHEDULE A (CONT.)

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06/19/2000	Valley Dental 245 West Dakota Avenue Clovis, CA 93612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$100.00	\$100.00	
06/20/2000	Blincoe Manor Farm 14501 Wells Lane Stockton, CA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$100.00	\$100.00	
06/20/2000	A.R. GLOVER P.O. BOX 61 TRACY, CA 95320	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	PHYSICIAN	\$1,000.00	\$1,000.00	
06/20/2000	ELIZABETH HOLDENER 24383 MOUNTAIN HOUSE PARKWAY TRACY, CA 95376	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	HOMEMAKER	\$100.00	\$100.00	
06/20/2000	Samuel Markarian 4015 Paducah San Diego, CA 92117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Physician	\$100.00	\$100.00	
06/20/2000	PEARL SANGUINETTI 1752 WYN WAY LODI,, CA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	RETIRED	\$100.00	\$100.00	

SUBTOTAL \$ 1500.00

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FPPC Form 460 (8/99)
 For Technical Assistance: 916/322-5660

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>02/20/2000</u> through <u>06/30/2000</u>	CALIFORNIA FORM 460
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
06/20/2000	Carl Yamada 15372 S. Tracy Blvd. Stockton, CA 95206	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Farmer Self employed	\$50.00	\$150.00	
06/21/2000	LEONARD DIAS 6512 EMBARCADERO STOCKTON, CA 95219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		\$100.00	\$100.00	
06/21/2000	MARIE L. DIAS 27601 FAIROAKS RD. TRACY, CA 95376	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	HOMEMAKER	\$150.00	\$150.00	
06/21/2000	STANLY MORRI 8556 JULIE LYNNE CIR. TRACY, CA 95376	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$100.00	\$100.00	
06/21/2000	YOSHIO YAMADA 15406 TRACY BOULEVARD TRACY, CA 95376	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	FARMER SELF-EMPLOYED	\$100.00	\$600.00	
06/21/2000	SHEILA YAMASAKI 15999 W. TSIRELAS DRIVE TRACY, CA 95376	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	HOMEMAKER	\$100.00	\$100.00	
				\$ 600		

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FPPC Form 460 (8/99)
 For Technical Assistance: 916/322-5660

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>02/20/2000</u> through <u>06/30/2000</u>	CALIFORNIA FORM 460
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06/21/2000	Mabel Young 3625 St. Andrews Drive Stockton, CA 95219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	RETIRED	\$1,000.00	\$1,000.00	
06/22/2000	Beck Properties, Inc. 3114 West Hammer Lane Stockton, CA 95209	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$5,000.00	\$5,000.00	
06/23/2000	GREGG CULHANE P.O. BOX 2630 LODI, CA 95241	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	SELF EMPLOYED	\$500.00	\$500.00	
06/23/2000	H. LEE DEMPSEY 6343 EMBARCADERO DR. STOCKTON, CA 95219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	RETIRED	\$500.00	\$500.00	
06/23/2000	Harvey Hashimoto M.D., Respect Medical 801 S. Ham Lane, Ste. S Lodi, CA 95242	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$100.00	\$100.00	
06/23/2000	KEEP IT SIMPLE ENGINEERING, INC 1144 JUNEWOOD CT LODI, CA 95242	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	ENGINEERING	\$500.00	\$500.00	

SUBTOTAL \$ 7600.00

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FPPC Form 460 (8/99)
 For Technical Assistance: 916/322-5660

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
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06/23/2000	RICHARD KENDALL 15999 W. TSIRELAS DR TRACY, CA 95376	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	BUSINESS	\$100.00	\$100.00	
06/23/2000	MARTIN FARMS 12067 W. LAMMERS ROAD TRACY, CA 95376	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$100.00	\$100.00	
06/23/2000	SAN JOAQUIN STEEL COMPANY, INC. P.O. BOX 8426 STOCKTON, CA 95208	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$250.00	\$250.00	
06/23/2000	STOCKTON PEDIATRIC MEDICAL GROUP, INC. 530 WEST ACACIA, SUITE 7 STOCKTON, CA 95203	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$250.00	\$250.00	
06/24/2000	JAMES MCLEOD 28998 S. CHRISMAN ROAD TRACY, CA 95376	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	RANCHER	\$100.00	\$100.00	
06/24/2000	JOE TOSTE 2480 TOSTE ROAD TRACY, CA 95376	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	RANCHER			

SUBTOTAL \$ 900.00

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FPPC Form 460 (8/99)
 For Technical Assistance: 916/322-5660

Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

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06/24/2000	ROBERT VIOLANTE 1056 UNIVERSITY AVE PALO ALTO, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	MEDICAL EXECUTIVE	\$100.00	\$100.00	
06/24/2000	YAG Enterprises, Inc. 1329 Elkhorn Dr. Stockton, CA 95209	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$100.00	\$600.00	
06/24/2000	YAG Enterprises, Inc. 1329 Elkhorn Dr. Stockton, CA 95209	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$500.00	\$600.00	
06/26/2000	BANK OF STOCKTON 301 E. MINER AVE. STOCKTON, CA 95202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		\$2,500.00	\$2,500.00	
06/26/2000	JOHN BUTORAC 3306 COVE CIR. STOCKTON, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	RETIRED	\$250.00	\$250.00	
06/26/2000	EDNA MOORE 3839 MERRIMAC COURT STOCKTON, CA 95219	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	HOMEMAKER	\$100.00	\$100.00	

SUBTOTAL \$ 3550.00

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For Technical Assistance: 916/322-5660

Schedule A (Continuation Sheet)
Monetary Contributions Received

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 Amounts may be rounded
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SCHEDULE A (CONT.)

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I.D. NUMBER

991831

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
06/26/2000	WALTER REISS 204 GRAMACY PARK LODI, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	PHYSICIAN	\$100.00	\$100.00	
06/27/2000	LINDA FRENCH 5743 PINTAIL COURT STOCKTON, CA 95207	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$100.00	\$100.00	
06/27/2000	HAL ROBERTSON FARMS 27337 S. BANTA ROAD TRACY, CA 95376	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$100.00	\$100.00	
06/27/2000	MABLE MOITOSO 2155 WEST SCHULTE RD TRACY, CA 95376	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		\$100.00	\$100.00	
06/27/2000	O-G PACKING 2097 BEYER LANE STOCKTON, CA 95215	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$100.00	\$100.00	
06/27/2000	Delaine Thomas 2724 W. Swin Road Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		\$200.00	\$200.00	

SUBTOTAL \$ 700.00

*Contributor Codes
 IND -- Individual
 COM -- Recipient Committee
 OTH -- Other

FPPC Form 460 (8/99)

For Technical Assistance: 916/322-5660

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>02/20/2000</u> through <u>06/30/2000</u>	CALIFORNIA FORM 460 Page <u>45</u> of <u>77</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Senate

I.D. NUMBER

991831

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
06/28/2000	PAUL BOLT 6201 CROOKED STICK STOCKTON, CA 95219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	BUSINESSMAN	\$1,000.00	\$1,000.00	
06/28/2000	CARL ELKINS P.O. BOX 322 VICTOR, CA 95253	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	FARMER	\$175.00	\$175.00	
06/28/2000	James G. Heather 10095 Creek Trail Circle Stockton, CA 95209	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	CPA	\$250.00	\$350.00	
06/28/2000	Hogan Mfg., Inc. P.O.Box 398 Escalon, CA 95320	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$1,000.00	\$1,000.00	
06/28/2000	Dr. Michael R. Panzer 6329 Embarcadero Dr. Stockton, CA 95209	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Dentist Self-Employed	\$200.00	\$400.00	
06/28/2000	REED ROBBINS REALTOR 7233 PACIFIC AVENUE STOCKTON, CA 95207	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$250.00	\$250.00	

SUBTOTAL \$ 2875.00

***Contributor Codes**

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FPPC Form 460 (8/99)

For Technical Assistance: 916/322-5660

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>02/20/2000</u> through <u>06/30/2000</u>	CALIFORNIA FORM 460 Page <u>46</u> of <u>77</u>
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Nakanishi for Senate

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
06/28/2000	Anthony F. Souza 105 E. 10th Street, Ste. 100 Tracy, CA 95376	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$100.00	\$100.00	
06/29/2000	ACAMPO INVESTMENT CO. 19000 NORTH HIGHWAY 88 ACAMPO, CA 95237	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$175.00	\$175.00	
06/29/2000	AMERICAN AUTO BODY, INC. 2347 MAGGIO CIRCLE LODI, CA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$175.00	\$175.00	
06/29/2000	Mr. Peter Bregman 11701 E. Kettleman Ln. Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Realtor Self-Employed	\$100.00	\$350.00	
06/29/2000	George D. Chen 1900 E. Mettler Road Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Physician Delta Eye Center	\$175.00	\$175.00	
06/29/2000	FORD CONSTRUCTION COMPANY, INC. 639 E. LOCKEFORD STREET LODI, CA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$350.00	\$350.00	

SUBTOTAL \$ 1075.00

FPPC Form 460 (8/99)

For Technical Assistance: 916/322-5660

*Contributor Codes
 IND -- Individual
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 OTH -- Other

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>02/20/2000</u> through <u>06/30/2000</u>	CALIFORNIA FORM 460
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Nakanishi for Senate

I.D. NUMBER

991831

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
06/29/2000	Friends of Jim Brulte (#962673) P.O. Box 241 Rancho Cucamonga, CA 01729	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH		\$100,000.00	\$100,000.00	
06/29/2000	MIKE GIKAS 14022 SOUTH AUSTIN ROAD MANTECA, CA 95336	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	FARMER	\$500.00	\$500.00	
06/29/2000	Mrs. Mary Kaehler 1025 E. Armstrong Road Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		\$100.00	\$100.00	
06/29/2000	LYNNETTA LUCE 3518 MICHIGAN AVE STOCKTON, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	HOMEMAKER	\$100.00	\$100.00	
06/29/2000	JAMES MARTINI 5013 JENNINGS ROAD MODESTO, CA 95358	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	FARMER	\$250.00	\$250.00	
06/29/2000	GERALDINE SCHOOK 906 KIRKWOOD DR LODI, CA 95424	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	HOMEMAKER	\$100.00	\$150.00	

SUBTOTAL \$ 101050.00

FPPC Form 460 (8/99)

For Technical Assistance: 916/322-5660

*Contributor Codes
IND -- Individual
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OTH -- Other

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type in, print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>02/20/2000</u> through <u>06/30/2000</u>	CALIFORNIA FORM 460
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Nakanishi for Senate

I.D. NUMBER

991831

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
06/29/2000	MONTY ZORB 4238 YACHT HARBOR DRIVE STOCKTON, CA 95204	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	RETIRED	\$1,000.00	\$1,000.00	
06/30/2000	GARY BARTON 968 GEORGEANN PLACE RIPON, CA 95366	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	BUSINESSMAN	\$100.00	\$100.00	
06/30/2000	ANNETTE ELISSAGARAY 1505 E. VALPICO ROAD TRACY, CA 95376	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	HOMEMAKER	\$100.00	\$100.00	
06/30/2000	CLARENCE FORTIER 120 SO. ORANGE LODI, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	PHYSICIAN	\$250.00	\$250.00	
06/30/2000	LOUISE GALLI 17398 TRACY BLVD. TRACY, CA 95376	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	HOMEMAKER	\$150.00	\$150.00	
06/30/2000	PHILIP MARTIN FARMS 12067 W. LAMMERS RD. TRACY, CA 95376	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$100.00	\$100.00	

SUBTOTAL \$ 1700.00

*Contributor Codes
 IND -- Individual
 COM -- Recipient Committee
 OTH -- Other

FPPC Form 460 (8/99)
 For Technical Assistance: 916/322-5660

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
 from 02/20/2000
 through 06/30/2000

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Nakanishi for Senate

I.D. NUMBER

991831

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
06/30/2000	DENNIS SMALLIE 4146 PINEHURST CIR. STOCKTON, CA 95219	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	BUSINESSMAN	\$500.00	\$500.00	
06/30/2000	PATRICK STOCKAR P.O. BOX 673 VICTOR, CA 95352	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	FARMER	\$100.00	\$100.00	
06/30/2000	W.H. Williams 8000 N. Clements Rd. Linden, CA 95236	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$100.00	\$150.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				

SUBTOTAL \$ 700.00

***Contributor Codes**

IND -- Individual

COM -- Recipient Committee

OTH -- Other

FPPC Form 460 (8/99)

For Technical Assistance: 916/322-5660

Schedule L - Part I
Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - Part I

Statement covers period
from 02/20/2000
through 06/30/2000

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FORM 460

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NAME OF FILER

Nakanishi for Senate

I.D. NUMBER

991831

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDER OR GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LENDER INFORMATION			GUARANTOR INFORMATION	
				DUE DATE/INTEREST RATE	(a) AMOUNT OF LOAN	CUMULATIVE TO DATE	(b) AMOUNT GUARANTEED	CUMULATIVE TO DATE
02/29/2000	Dr. Alan S. Nakanishi 1136 Junewood Ct. Lodi, CA 95240 <input checked="" type="checkbox"/> Lender <input type="checkbox"/> Guarantor	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	Physician Delta Eye Med. Group	Due Date N/A Interest Rate 0.00 %	43000.00	Calendar Year \$ 51000.00		Calendar Year \$
06/30/2000	Dr. Alan S. Nakanishi 1136 Junewood Ct. Lodi, CA 95240 <input checked="" type="checkbox"/> Lender <input type="checkbox"/> Guarantor	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	Physician Delta Eye Med. Group	Due Date N/A Interest Rate 0.00 %	8000.00	Calendar Year \$ 51000.00		Calendar Year \$
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		Due Date Interest Rate		Calendar Year \$		Calendar Year
				SUBTOTAL \$		51000.00	\$	

Enter (b) on
Summary Page,
Line 7, only.

Loans Received - Part 1 Summary

- Loans of \$100 or more received this period. (Include all Loans Received - Part 1 (a) subtotals.)\$ 51000.00
- Amount received this period -- unitemized loans of less than \$100\$ 0.00
- Total loans received this period. (Add Lines 1 and 2.) **TOTAL \$** 51000.00

Loans Received - Part 2 Summary

- Loans of \$100 or more repaid, forgiven, or paid by a third party this period. (Include all Part 2 (c) subtotals. If forgiven or paid by a third party, also itemize the transaction on Schedule A.)\$ 0.00
- Loans under \$100 repaid, forgiven, or paid by a third party. (Do not itemize.) If forgiven or paid by a third party, include this amount on Schedule A Summary, Line 2.\$ 0.00
- Total loans repaid, forgiven, or paid by a third party this period (Add Lines 4 + 5.) **TOTAL \$** (0.00)
- Net change this period. (Subtract Line 6 from Line 3.) **NET \$** 51000.00

Enter the net here and on the Summary Page, Column A, Line 2.

May be a negative number.

*Contributor Codes
IND -- Individual
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OTH -- Other

**Schedule C
Non-Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>02/20/2000</u> through <u>06/30/2000</u>	CALIFORNIA FORM 460
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Nakanishi for Senate

I.D. NUMBER

991831

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
06/10/2000	Great Valley Fumigation, Inc. 2771 E. French Camp Road Manteca, CA 95336	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		Fundraising expenses	\$173.29	\$173.29	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					
SUBTOTAL \$					173.29		

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 173.29
- Amount received this period - unitemized nonmonetary contributions of less than \$..... \$ 0.00
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..TOTAL \$ 173.29

*Contributor Codes
IND -- Individual
COM -- Recipient Committee
OTH -- Other

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 02/20/2000 through 06/30/2000	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Senate

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	TEL		\$670.62
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	CNS		\$4,000.00
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	POS		\$7,919.33

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$	281591.55
2. Unitemized payments made this period of under \$100.	\$	37.14
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).)	\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	281628.69

FPPC Form 460 (8/99)

For Technical Assistance: 916/322-5660

Schedule E (Continuation Sheet)
Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

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Nakanishi for Senate

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	LIT		\$706.00
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	LIT		\$12,276.36
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	LIT		\$8,430.29
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	LIT		\$494.57
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	LIT		\$1,070.57

*Payments that are contributions or independent expenditures must also be summarized on Schedule D

SUBTOTAL \$ 22977.79

Schedule L (Continuation Sheet)
Payments Made

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE L (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER

Nakanishi for Senate

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	TEL			\$3,247.80
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	CMP			\$1,968.16
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	LIT			\$15,187.84
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	TEL			\$8,958.40
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	POS			\$5,600.64

*Payments that are contributions or independent expenditures must also be summarized on Schedule D

SUBTOTAL \$ 34962.84

Schedule L (Continuation Sheet)
Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

CALIFORNIA
FORM 460

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SEE INSTRUCTIONS ON REVERSE

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Nakanishi for Senate

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LIT campaign literature and mailings

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging and meals (explain)

TRS staff/spouse travel, lodging and meals (explain)

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	POS			\$6,415.73
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814				\$4,000.00
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814			POSTAGE, PRINT, PHONE BANKS	\$159,750.14
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814			PHONE BANK	\$2,058.00
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	CNS			\$5,000.00

Schedule L (Continuation Sheet)
Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE L (CONT.)

Statement covers period from 02/20/2000 through 06/30/2000	CALIFORNIA FORM 460 Page 56 of 77 I.D. NUMBER 991831
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Senate

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airline and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airline and production costs	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Steve Reid 1007 S. Country Club Blvd. Stockton, CA 95207	PRO	mileage, postage & miscellaneous expenses	\$500.00
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	WEB		\$450.00
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	OFC		\$88.41
Steve Reid 1007 S. Country Club Blvd. Stockton, CA 95207		CAMPAIGN MANAGER FEE	\$1,500.00
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	CNS		\$5,000.00

*Payments that are contributions or independent expenditures must also be summarized on Schedule D

SUBTOTAL \$ 7538.41

Schedule L (Continuation Sheet)
Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>02/20/2000</u> through <u>06/30/2000</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Senate

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LIT campaign literature and mailings

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging and meals (explain)

TRS staff/spouse travel, lodging and meals (explain)

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	OFC		\$200.88
Steve Reid 1007 S. Country Club Blvd. Stockton, CA 95207	CNS		\$1,500.00
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	CNS		\$5,000.00
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814		POSTAGE, PRINTING, AND MAILING	\$8,639.85
Escalon Community Center 1854 Main Street Escalon, CA		RENTING FACILITY FOR EVENT	\$645.00

*Payments that are contributions or independent expenditures must also be summarized on Schedule D

SUBTOTAL \$ 15985.73

Schedule L (Continuation Sheet)
Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE L (CONT.)

Statement covers period from 02/20/2000 through 06/30/2000	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Senate

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	LIT	REPLY CARDS	\$75.08
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	CNS		\$5,000.00
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	OFC		\$1,389.14
Great Valley Fumigation, Inc. 2771 E. French Camp Road Manteca, CA 95336	FND		\$1,225.00
N & N Designs 12067 W. Lammers Road Tracy, CA 95376	OFC	LETTERHEAD, ETC.	\$1,095.78

*Payments that are contributions or independent expenditures must also be summarized on Schedule D

SUBTOTAL \$ 8785.00

Schedule E (Continuation Sheet)
Payments Made

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE E (CONT.)

Statement covers period
 from 02/20/2000
 through 06/30/2000

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Senate

I.D. NUMBER

991831

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Waterloo, CA Catering 10447 E. Waterloo Road Waterloo, CA 95215	FND		\$1,527.96

*Payments that are contributions or independent expenditures must also be summarized on Schedule D

SUBTOTAL \$ 1527.96

Schedule F
Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period from 02/20/2000 through 06/30/2000	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Senate

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	CNS	4000.00	0.00	4000.00	0.00
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	POS	7919.33	0.00	7919.33	0.00
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	TEL	670.62	0.00	670.62	0.00
SUBTOTAL \$		12589.95 \$	0.00 \$	12589.95 \$	0.00

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for) accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$ 20792.80**
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on) accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$ 39713.13**
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$ -18920.33**

**Schedule r (Continuation)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE r (CONT.)

Statement covers period		CALIFORNIA FORM 460
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through	06/30/2000	Page 61 of 77
I.D. NUMBER		991831

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Senate

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	AMOUNT INCURRED THIS PERIOD	AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	LIT	12276.36		12276.36	0.00
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	LIT	8430.29	0.00	8430.29	0.00
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	LIT	706.00	0.00	706.00	0.00
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	LIT	494.57	0.00	494.57	0.00
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	CMP	1968.16	0.00	1968.16	0.00
SUBTOTAL		\$ 23875.38	\$ 0.00	\$ 23875.38	\$ 0.00

**Schedule F (Continuation)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period from 02/20/2000 through 06/30/2000	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Senate

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	TEL	3247.80	0.00	3247.80	0.00
The Donegal Group 3508 24th Street Sacramento, CA 95818	Professional Services & printing	0.00	1195.80	0.00	1195.80
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	LIT	0.00	106.51	0.00	106.51
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	Mileage	0.00	76.48	0.00	76.48
Peirano Estate Tasting Room 21831 N. Hwy.99 Acampo, CA 95220	FND	0.00	800.00	0.00	800.00
SUBTOTAL \$		3247.80	2178.79	3247.80	2178.79

Schedule F (Continuation)
Accrued Expenses (Unpaid Bills)

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE F (CONT.)

Statement covers period from 02/20/2000 through 06/30/2000	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Senate

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Steve Reid 1007 S. Country Club Blvd. Stockton, CA 95207	Professional Services & mileage	0.00	3285.12	0.00	3285.12
Victoria Caldeira 12067 West Lammers Road Tracy, CA 95376	FND	0.00	1540.39	0.00	1540.39
Victoria Caldeira 12067 West Lammers Road Tracy, CA 95376	LIT	0.00	2866.00	0.00	2866.00
Victoria Caldeira 12067 West Lammers Road Tracy, CA 95376	FND	0.00	500.00	0.00	500.00
Victoria Caldeira 12067 West Lammers Road Tracy, CA 95376	PRO	0.00	6000.00	0.00	6000.00
SUBTOTAL		\$ 0.00	\$ 14191.51	\$ 0.00	\$ 14191.51

**Schedule B (Continuation)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B (CONT.)

Statement covers period from <u>02/20/2000</u>	CALIFORNIA FORM 460
through <u>06/30/2000</u>	
Page <u>64</u> of <u>77</u>	I.D. NUMBER <u>991831</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Senate

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Team California 400 Capitol Mall, Ste. 1560 Sacramento, CA 95814	LIT	0.00	4422.50	0.00	4422.50
SUBTOTAL		\$ 0.00	\$ 4422.50	\$ 0.00	\$ 4422.50

Schedule C

Payments Made by an Agent or Independent Contractor (on behalf of a Committee)

Write or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period

from 02/20/2000

through 06/30/2000

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FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Senate

I.D. NUMBER

991831

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Victoria Caldeira

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Albert Paper Company P.O. Box 8630 Stockton, CA 95208	FND			\$148.91
Mike Bacchetti 1321 Coolidge Avenue Tracy, CA 95376	FND			\$500.00
Costco 2800 Independence Drive Livermore, CA	FND			\$310.37
Pre-Peeled Potato Co. P.O. Box 111 Stockton, CA 95201	FND			\$218.00
Smart & Final 6502 Pacific Avenue Stockton, CA 95207	FND			\$432.53

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 1609.81

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor,
as reported on Schedule E

Schedule C (Continuation Sheet)
Payments Made by an Agent or Independent Contractor (on behalf of a Committee)

Write or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE C (CONT.)

Statement covers period from <u>02/20/2000</u> through <u>06/30/2000</u>	CALIFORNIA FORM 460 Page <u>66</u> of <u>77</u> I.D. NUMBER 991831
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NAME OF FILER

Nakanishi for Senate

NAME OF AGENT OR INDEPENDENT CONTRACTOR
 Great Valley Fumigation, Inc.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Fagundes Meats & Catering, Inc. P.O. Box 789 Manteca, CA 95336	FND		\$1,225.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL* \$ 1225.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor, as reported on Schedule E

Schedule C (Continuation Sheet)
Payments Made by an Agent or Independent Contractor (on behalf of a Committee)

Fill in or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE C (CONT.)

Statement covers period from <u>02/20/2000</u> through <u>06/30/2000</u>	CALIFORNIA FORM 460 Page <u>67</u> of <u>77</u> I.D. NUMBER 991831
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NAME OF FILER

Nakanishi for Senate

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Steve Reid

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
US Postmaster Calaveras Station 1048 W. Robinhood Dr. Stockton, CA 95207		Bulk Mail Fee	\$100.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL* \$ 100.00

*Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor, as reported on Schedule E

Schedule C (Continuation Sheet)
Payments Made by an Agent or Independent Contractor (on behalf of a Committee)

Write or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE C (CONT.)

Statement covers period		CALIFORNIA FORM 460
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through	06/30/2000	Page 68 of 77

NAME OF FILER Nakanishi for Senate	I.D. NUMBER 991831
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NAME OF AGENT OR INDEPENDENT CONTRACTOR
 The Donegal Group

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Pachyderm Press 1915 1/2 22nd Street Sacramento, CA 95816	LIT			\$445.80

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL*** \$ 445.80

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor.
 as reported on Schedule E

Schedule C (Continuation Sheet)
Payments Made by an Agent or Independent Contractor (on behalf of a Committee)

Write or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE C (CONT.)

Statement covers period from <u>02/20/2000</u> through <u>06/30/2000</u>	CALIFORNIA FORM 460 Page <u>69</u> of <u>77</u> I.D. NUMBER 991831
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NAME OF FILER

Nakanishi for Senate

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Wayne C. Johnson & Assoc., Inc.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
G. Strahan & Associates 7752 Robert's River Way Sacramento, CA 95831	LIT		\$490.00
US Postmaster State Capitol Branch Sacramento, CA 95814	LIT		\$406.57
AP/Wide World 50 Rockefeller Plaza New York, NY 10020		Photography	\$350.00
Cable Time 350 Sansome, Ste. 200 San Francisco, CA 94104	TEL		\$7,614.64
Corbis 2223 S. Carmelina Ave. Los Angeles, CA 90064		Photography	\$2,240.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL* \$ 11101.21

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor, as reported on Schedule E

Schedule C (Continuation Sheet)
Payments Made by an Agent or Independent Contractor (on behalf of a Committee)

Fill in or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE C (CONT.)

Statement covers period	CALIFORNIA FORM 460
from 02/20/2000	
through 06/30/2000	Page 70 of 77

NAME OF FILER

Nakanishi for Senate

I.D. NUMBER

991831

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Wayne C. Johnson & Assoc., Inc.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
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MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
G. Strahan & Associates 7752 Robert's River Way Sacramento, CA 95831	LIT		\$7,720.00
US Postmaster State Capitol Branch Sacramento, CA 95814	POS	Postage for Brochure	\$6,415.73
US Postmaster State Capitol Branch Sacramento, CA 95814	POS	Postage	\$5,600.64
Voter Link, Inc. 245 Fischer Avenue, C-3 Costa Mesa, CA 92626	LIT		\$600.85
Maya Clark 5613 Laguna Oaks Dr. Elk Grove, CA 95758	PHO		\$150.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL* 20487.22

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor, as reported on Schedule E

Schedule C (Continuation Sheet)
Payments Made by an Agent or Independent Contractor (on behalf of a Committee)

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE C (CONT.)

Statement covers period from <u>02/20/2000</u> through <u>06/30/2000</u>	CALIFORNIA FORM 460 Page <u>71</u> of <u>77</u> I.D. NUMBER 991831
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NAME OF FILER

Nakanishi for Senate

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Wayne C. Johnson & Assoc., Inc.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Maya Clark 5613 Laguna Oaks Dr. Elk Grove, CA 95758	PHO			\$150.00
Feather, Hodges & Larson 7320 N. Dreamy Draw Dr. Phoenix, AZ 85020	PHO			\$9,000.00
G. Strahan & Associates 7752 Robert's River Way Sacramento, CA 95831	LIT			\$196.00
G. Strahan & Associates 7752 Robert's River Way Sacramento, CA 95831	LIT			\$6,530.00
G. Strahan & Associates 7752 Robert's River Way Sacramento, CA 95831	LIT			\$7,510.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL* \$ 23386.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor, as reported on Schedule E

Schedule C (Continuation Sheet)
Payments Made by an Agent or Independent Contractor (on behalf of a Committee)

Fill in or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE C (CONT.)

Statement covers period from <u>02/20/2000</u> through <u>06/30/2000</u>	CALIFORNIA FORM 460 Page <u>72</u> of <u>77</u> I.D. NUMBER 991831
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NAME OF FILER
 Nakanishi for Senate

NAME OF AGENT OR INDEPENDENT CONTRACTOR
 Wayne C. Johnson & Assoc., Inc.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
G. Strahan & Associates 7752 Robert's River Way Sacramento, CA 95831	LIT			\$8,369.00
G. Strahan & Associates 7752 Robert's River Way Sacramento, CA 95831	LIT			\$8,645.00
JC Evans Communications 2358 Pez Vela Place Gold River, CA 95670	LIT			\$2,150.00
Meridian Group 5111 N. 10th Street McAllen, TX 78504	PHO			\$9,850.00
PhotoDisk 2013 4th Avenue Seattle, WA 98121	LIT			\$350.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL* \$ 29364.00

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Schedule G (Continuation Sheet)
Payments Made by an Agent or Independent Contractor (on behalf of a Committee)

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE G (CONT.)

Statement covers period from <u>02/20/2000</u> through <u>06/30/2000</u>	CALIFORNIA FORM 460 Page <u>73</u> of <u>77</u> I.D. NUMBER 991831
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NAME OF FILER

Nakanishi for Senate

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Wayne C. Johnson & Assoc., Inc.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Research & Communications Unlimited 8591 Longsupr Way Antelope, CA 95843	PRO	Research	\$1,500.00
Tony Siciliani 212 Selby Ranch Road #7 Sacramento, CA 95864	LIT		\$7,285.00
Tony Siciliani 212 Selby Ranch Road #7 Sacramento, CA 95864	LIT		\$7,478.00
US Postmaster State Capitol Branch Sacramento, CA 95814		Postage	\$9,000.00
US Postmaster State Capitol Branch Sacramento, CA 95814		Postage	\$9,259.72

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL* \$ 34522.72

*Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor.
 as reported on Schedule E

Schedule C (Continuation Sheet)
Payments Made by an Agent or Independent Contractor (on behalf of a Committee)

Type or print in ink.
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SCHEDULE C (CONT.)

Statement covers period from <u>02/20/2000</u> through <u>06/30/2000</u>	CALIFORNIA FORM 460 Page <u>74</u> of <u>77</u> I.D. NUMBER 991831
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NAME OF FILER
 Nakanishi for Senate

NAME OF AGENT OR INDEPENDENT CONTRACTOR
 Wayne C. Johnson & Assoc., Inc.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
US Postmaster State Capitol Branch Sacramento, CA 95814		Postage	\$9,259.72
US Postmaster State Capitol Branch Sacramento, CA 95814		Postage	\$9,232.63
US Postmaster State Capitol Branch Sacramento, CA 95814		Postage	\$9,232.63
US Postmaster State Capitol Branch Sacramento, CA 95814		Postage	\$589.64
US Postmaster State Capitol Branch Sacramento, CA 95814		Postage	\$8,573.28

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL* \$ 36887.90

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Schedule C (Continuation Sheet)
Payments Made by an Agent or Independent Contractor (on behalf of a Committee)

Write or print in ink.
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SCHEDULE C (CONT.)

Statement covers period from <u>02/20/2000</u> through <u>06/30/2000</u>	CALIFORNIA FORM 460 Page <u>75</u> of <u>77</u> I.D. NUMBER 991831
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NAME OF FILER

Nakanishi for Senate

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Wayne C. Johnson & Assoc., Inc.

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CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Voter Link, Inc. 245 Fischer Avenue, C-3 Costa Mesa, CA 92626	PHO			\$360.00
Voter Link, Inc. 245 Fischer Avenue, C-3 Costa Mesa, CA 92626	PHO			\$490.93
Voter Link, Inc. 245 Fischer Avenue, C-3 Costa Mesa, CA 92626	LIT			\$650.00
Voter Link, Inc. 245 Fischer Avenue, C-3 Costa Mesa, CA 92626	LIT			\$705.90
Voter Link, Inc. 245 Fischer Avenue, C-3 Costa Mesa, CA 92626	LIT			\$705.90

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL* \$ 2912.73

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor, as reported on Schedule E

Schedule C (Continuation Sheet)
Payments Made by an Agent or Independent Contractor (on behalf of a Committee)

Write or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE C (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	02/20/2000	
through	06/30/2000	Page 76 of 77
NAME OF FILER		I.D. NUMBER
Nakanishi for Senate		991831
NAME OF AGENT OR INDEPENDENT CONTRACTOR		
Wayne C. Johnson & Assoc., Inc.		

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
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MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Voter Link, Inc. 245 Fischer Avenue, C-3 Costa Mesa, CA 92626	LIT			\$597.38
Voter Link, Inc. 245 Fischer Avenue, C-3 Costa Mesa, CA 92626	LIT			\$599.05
Voter Link, Inc. 245 Fischer Avenue, C-3 Costa Mesa, CA 92626	LIT			\$598.54
Feather, Hodges & Larson 7320 N. Dreamy Draw Dr. Phoenix, AZ 85020	POL			\$1,500.00
Voter Link, Inc. 245 Fischer Avenue, C-3 Costa Mesa, CA 92626	POL			\$128.36

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL* \$ 3423.33

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor, as reported on Schedule E

**Schedule C (Continuation Sheet)
Payments Made by an Agent or Independent
Contractor (on behalf of a Committee)**

Write or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C (CONT.)

Statement covers period from <u>02/20/2000</u> through <u>06/30/2000</u>	CALIFORNIA FORM 460
Page <u>77</u> of <u>77</u>	I.D. NUMBER 991831

NAME OF FILER

Nakanishi for Senate

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
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MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Voter Link, Inc. 245 Fischer Avenue, C-3 Costa Mesa, CA 92626	POL		\$450.00
Concord Technologies P.O. Box 61000 San Francisco, CA 94161	OFC		\$109.24
US Postmaster State Capitol Branch Sacramento, CA 95814		Postage	\$8,639.85
G. Strahan & Associates 7752 Robert's River Way Sacramento, CA 95831	LIT		\$1,163.70

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL* \$ 10362.79

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as reported on Schedule E